

CHANGE OF MANAGER  
INN HOLDER  
ALL KINDS OF ALCOHOLIC BEVERAGES  
COMMON VICTUALLER AND ENTERTAINMENT

Boston Hospitality SPVEF, LLC  
d/b/a Holiday Inn

1200 Beacon Street

APPLICATION IS IN ORDER

Application for a Change of Manager

**MANAGER:** From: Glen D. Vuilleumier  
To: Kelly J. Lajoie

REPORTS (ATTACHED)

The Police Department has approved this application.



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL  
LICENSING AUTHORITY.

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

LN-2013-0249

LICENSEE NAME

Boston Hospitality SPVEF, LLC

ADDRESS

1200 Beacon Street

CITY/TOWN

Brookline

STATE

MA

ZIP CODE

02446

**TRANSACTION TYPE (Please check all relevant transactions):**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit       | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of License        |
| <input type="checkbox"/> Change Corporate Name           | <input type="checkbox"/> Issuance of Stock              | <input type="checkbox"/> New Stockholder      | <input type="checkbox"/> Transfer of Stock          |
| <input type="checkbox"/> Change of License Type          | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of Stock      | <input type="checkbox"/> Wine & Malt to All Alcohol |
| <input type="checkbox"/> Change of Location              | <input type="checkbox"/> More than (3) \$15             | <input type="checkbox"/> Pledge of License    | <input type="checkbox"/> 6-Day to 7-Day License     |
| <input checked="" type="checkbox"/> Change of Manager    | <input type="checkbox"/> New License                    | <input type="checkbox"/> Seasonal to Annual   |   |
| <input type="checkbox"/> Other                           | <input type="text"/>                                    |   |   |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE  
CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

**ALCOHOLIC BEVERAGES CONTROL COMMISSION**  
**P. O. BOX 3396**  
**BOSTON, MA 02241-3396**





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
*[www.mass.gov/abcc](http://www.mass.gov/abcc)*

**MANAGER APPLICATION**

All proposed managers are required to complete a **Personal Information Form**,  
and attach a copy of the corporate vote authorizing this action and appointing a manager.

**1. LICENSEE INFORMATION:**

Legal Name of Licensee:	Boston Hospitality SPVEF, LLC	Business Name (dba):	Holiday Inn Brookline
Address:	1200 Beacon Street		
City/Town:	Brookline	State:	MA Zip Code: 02446
ABCC License Number: (If existing licensee)	LN-2013-0249	Phone Number of Premise:	617-277-1200

**2. MANAGER INFORMATION:**

A. Name: Kelly J. Lajoie	B. Cell Phone Number: [REDACTED]
C. List the number of hours per week you will spend on the licensed premises: 50+	

**3. CITIZENSHIP INFORMATION:**

A. Are you a U.S. Citizen: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	B. Date of Naturalization: [REDACTED]	C. Court of Naturalization: [REDACTED]
(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)		

**4. BACKGROUND INFORMATION:**

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes ☐ No ☒  
If yes, please describe: [REDACTED]

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes ☐ No ☒  
If yes, please describe: [REDACTED]

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes ☐ No ☐  
If yes, please describe: [REDACTED]

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

12/99-5/11 General Manager, Gateway Center Inc Hickory, NC 828-328-5101 (no longer open) 6/11-10/14 GM, Hilton Garden Inn Plymouth, MA 508-451-1111

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

[Handwritten Signature]

Date

11/17/14

Additional Space

Please note which question you are using this space for.

6/11-10/14 GM, Hilton Garden Inn Plymouth, MA 508-830-0200, 10/14-present GM Holiday Inn Brookline, MA 617-277-1200



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**PERSONAL INFORMATION FORM**

Each individual listed in Section 10 of this application must complete this form.

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	Boston Hospitality SPVEF, LLC	B. Business Name (dba)	Holiday Inn Brookline	
C. Address	1200 Beacon Street	D. ABCC License Number (If existing licensee)	LN-2013-0249	
E. City/Town	Brookline	State	MA	Zip Code 02446
F. Phone Number of Premise	617-277-1200	G. EIN of License	LN-2013-0249	

**2. PERSONAL INFORMATION:**

A. Individual Name	Kelly J. Lajoie	B. Home Phone Number		
C. Address				
D. City/Town		State	MA	Zip Code
E. Social Security Number		F. Date of Birth		
G. Place of Employment	Holiday Inn Brookline			

**3. BACKGROUND INFORMATION:**

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

**4. FINANCIAL INTEREST:**

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

General Manager of Hotel

**IMPORTANT ATTACHMENTS (8):** For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

**\*If additional space is needed, please use the last page**

*I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:*

Signature

Date

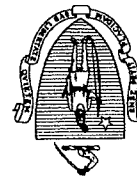
11/17/2014

Title

General Manager

(If Corporation/LLC Representative)

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street, First Floor  
Boston, MA 02114



STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.  
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER:	20130249
LICENSEE NAME:	Boston Hospitality SPVEF, LLC
CITY/TOWN:	Brookline

APPLICANT INFORMATION

LAST NAME:	Lajoie
FIRST NAME:	Kelly
MIDDLE NAME:	Jean

MAIDEN NAME OR ALIAS (IF APPLICABLE):	
PLACE OF BIRTH:	Boston, MA

DATE OF BIRTH:	
SSN:	

MOTHER'S MAIDEN NAME:	
DRIVER'S LICENSE #:	

GENDER:	FEMALE
HEIGHT:	5
WEIGHT:	130
EYE COLOR:	brown

CURRENT ADDRESS:	
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CITY/TOWN:	
STATE:	MA
ZIP:	02169

FORMER ADDRESS:	
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CITY/TOWN:	
STATE:	MA
ZIP:	

PRINT AND SIGN

PRINTED NAME:	Kelly J. Lajoie
APPLICANT/EMPLOYEE SIGNATURE:	

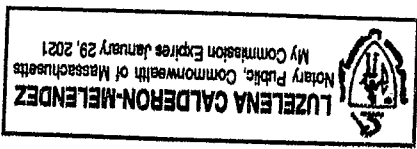
NOTARY INFORMATION

On this	Nov. 18, 2014	before me, the undersigned notary public, personally appeared	Kelly J. Lajoie
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(name of document signer), proved to me through satisfactory evidence of identification, which were	Drivers License
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to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

*J. Calderon-Melendez*  
NOTARY



REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE \_\_\_\_\_

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-4634.

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves  
and our Posterity, do ordain and establish this  
Constitution for the United States of America.*



## Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

P USA

Surname / Nom / Apellidos

LAJOIE

Given Names / Prénoms / Nombres

KELLY JEAN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

Date of issue / Date de délivrance / Fecha de expedición

Date of expiration / Date d'expiration / Fecha de caducidad

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

F

**Authority / Autorité / Autoridad**

United States

Department of State

USA

[illegible]





On Premise

SSN: XXX-XX-XXXX

Issued:

11/14/2014

Expires: 11/9/2017

ID#:

[REDACTED]

D.O.B.: XXX/XX/XXXX

KELLY J LAJOIE  
1200 Beacon St  
Brookline, MA 02446-3803

For service visit us online at [www.gettips.com](http://www.gettips.com)  
Michael Marcantonio, 64



**PLIMOTH**  
PLANTATION

[www.plimoth.org](http://www.plimoth.org)

P.O. Box 1620  
Plymouth, MA 02362  
tel. 508-746-1622  
fax. 508-830-6024

Smithsonian Institution  
Affiliations Program



*Wampanoag Homesite*



*Mayflower II*



*1627 English Village*

October 23, 2014

To Whom It May Concern:

I am pleased to provide a letter of reference for Kelly Lajoie. Kelly is a highly-respected and extremely competent person. I have known her for nearly four years through Destination Plymouth (Plymouth's regional tourism council) where we both served on the organization's board of directors. I am also acquainted with Kelly through her role as general manager of the Hilton Garden Inn Plymouth.

In working with Kelly, and partnering with her on projects in the community, I have come to appreciate her honesty, clarity and collaborative/gracious spirit. Kelly is truly a professional, committed to the highest level of quality and integrity.

If I can be of further assistance in providing additional information regarding Kelly Lajoie, please do not hesitate to contact me.

Sincerely,

Rob Kluin  
Director | Marketing & Communications  
508-254-8521



# Destination Plymouth

MASSACHUSETTS, USA

October 24, 2014

To Whom It May Concern:

This letter is to submit that Ms. Kelly Lajoie served as a Board Member for Destination Plymouth in 2011, 2012 and 2013. Destination Plymouth is a destination marketing organization that promotes Plymouth Massachusetts and is funded by the partnership, advertising revenues and the Town of Plymouth.

In that time Ms. Lajoie was a part of the organization representing the Hilton Garden Inn. That hotel served as a valuable partner in the community and provided fiscal support and guidance to the organization in its marketing plan and execution.

As a partner, I found the property a pleasure to represent and was pleased to send our visitors to that facility knowing they would be well taken care of in a well-run hotel and with an exceptional professional staff.

Sincerely,

Paul Cripps  
Executive Director  
Destination Plymouth



**Sysco Boston**  
99 Spring Street  
Plympton, MA 02367  
T 781.422.2399

**Sysco.com**

To Whom it May Concern,

I have done business with Kelly Lajoie the past few years and I could not work with a more ethical and intelligent person. She is very pleasant every time we meet or on the phone.

Her follow up and planning leaves nothing to chance. From greeting new guests to volunteering her time to help Plimoth Plantation with Tourism Cares and other fundraising projects in the Plymouth area. Kelly is a special person.

If you'd like to contact me, my business phone is 781-422-2399.

Regards,

Bill Burns  
Sysco Boston



**BROOKLINE POLICE DEPARTMENT**  
*Brookline, Massachusetts*

DANIEL C. O'LEARY  
CHIEF OF POLICE

To: Chief Daniel O'Leary

From: Lieutenant Derek Hayes

Re: Boston Hospitality SPVEF, LLC, d/b/a Holiday Inn Brookline  
Change of Manager of Record

Date: February 25th, 2015

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Sir,

Boston Hospitality SPVEF, LLC, d/b/a Holiday Inn Brookline, has applied for a change in their Manager of Record. The Holiday Inn is located at 1200 Beacon St. and currently holds a license to Expose, Keep for Sale and to Sell All Kinds of Alcoholic Beverages as a Seven Day Common Victualler. The current Manager of Record is Glen Vuilleumier.

Manager of Record Requested:

Kelly J. Lajoie

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Kelly Lajoie has submitted to the Brookline Police Department a full set of fingerprints for the purpose of conducting a criminal back ground check. The results of the fingerprint query have not been returned from the State at this time. If any information is revealed that would disqualify her from being named as the Manager of Record a supplemental report will be submitted. Queries of other applicable law enforcement databases revealed no information that would disqualify her from being named as the Manager of Record. Ms. Lajoie does not have a financial interest in this business nor has she been a manager of record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled.



Ms. Lajoie is certified in the safe service of alcohol. Her certification was submitted. A meeting was held several weeks ago with several new licensees to discuss the town of Brookline's Liquor regulations and what they could expect during a administrative inspection. Ms. Lajoie was present at this meeting.

I find NO reason to deny this request to appoint Kelly Lajoie as the Manager of Record on this license.

Respectfully Submitted,

Lieutenant Derek Hayes





# TOWN of BROOKLINE

## *Massachusetts*

### BOARD OF SELECTMEN

KENNETH M. GOLDSTEIN, Chairman  
NANCY A. DALY  
BETSY DEWITT  
NEIL A. WISHINSKY  
BENJAMIN J. FRANCO

333 WASHINGTON STREET  
BROOKLINE, MASSACHUSETTS 02445

(617) 730-2200  
FAX: (617) 730-2054  
[www.BrooklineMA.gov](http://www.BrooklineMA.gov)

MELVIN A. KLECKNER  
Town Administrator

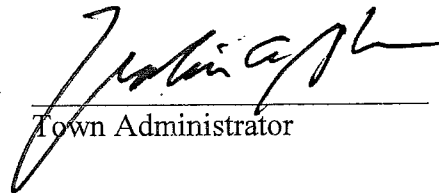
March 6, 2015

TO TOWN MEETING MEMBERS IN  
PRECINCT 1 & 3

This is to advise you that a Public Hearing will be held on the application of Boston Hospitality SPVEF, LLC, d/b/a Holiday Inn, Glenn Gistis, President, holder of a license To Expose, Keep For Sale and To Sell All Kinds of Alcoholic Beverages to Be Drunk on the Premises as a Seven Day Common Victualler license at 1200 Beacon Street, for a change of manager.

From: Glen D. Vuilleumier  
To: Kelly J. Lajoie

For your information, the Board of Selectmen will consider this application at its meeting on Tuesday, March 17, 2015 at approximately 8:10 P.M. in the Selectmen's Hearing Room, 6<sup>th</sup> Floor Town Hall, 333 Washington Street.

  
\_\_\_\_\_  
Town Administrator

cc: Kelly J. Lajoie